

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10589200		FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/	/			
2		/					52	/	/	/			
3		/					53		/	/			
4	/						54		/	/			
5		/					55		/	/			
6		/					56	/		/			
7		/					57		/	/			
8		/					58		/	/			
9		/					59		/	/			
10		/					60		/	/			
11		/					61		/	/			
12		/					62		/	/			
13		/					63	/		/			
14		/					64		/	/			
15		/					65		/	/			
16		/					66		/	/			
17		/					67		/	/			
18		/					68		/	/			
19		/					69		/	/			
20		/					70		/	/			
21		/					71	/		/			
22		/					72		/	/			
23		/					73		/	/			
24		/					74		/	/			
25	/						75		/	/			
26	/		76		/	/							
27		/	77		/	/							
28		/	78		/	/							
29	/		79		/	/							
30	/		80		/	/							
31		/	81		/	/							
32		/	82		/	/							
33		/	83		/	/							
34		/	84		/	/							
35		/	85		/	/							
36		/	86		/	/							
37		/	87		/	/							
38		/	88		/	/							
39		/	89		/	/							
40		/	90		/	/							
41		/	91		/	/							
42		/	92		/	/							
43		/	93		/	/							
44		/	94		/	/							
45		/	95		/	/							
46		/	96		/	/							
47		/	97		/	/							
48		/	98		/	/							
49		/	99		/	/							
50		/	100		/	/							
TOTAL IND.		↓		↓		↓	TOTAL IND.	9	↓	5	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	75	←	31	←		←
TOTAL CLAIMS							TOTAL CLAIMS	84		36			

PTO - 1360 (REV. 11/04)

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